



Echsonographer Worker Instruction Program

Facility: _____

Date Completed: _____

WRITTEN INSTRUCTION

I have read the following documents and understand their content. If I have any questions in the future regarding these matters, I realize that I may request additional information from my supervisor, the Radiation Safety Officer, or a physicist at Medical Physics Consultants, Inc. (734-662-3197).

All items listed can be found in the Radiation Protection Manual unless otherwise referenced.

- _____ NRC-3 Form Notice to Employees
- _____ State Notice to Employees
- _____ Regulatory Agencies
- _____ Radiation and Risks
- _____ Instructions Concerning Pregnant Workers
- _____ Maintaining Occupational Exposures ALARA
- _____ Occupational Exposure Limits

Signature: _____

Date: _____